



Event Vacation Bible School 2022

Date _____

Child's Name _____
(Last, First)

Date of Birth _____ Sex M F
Age _____ Grade (just completed) _____

Child's Name _____
(Last, First)

Date of Birth _____ Sex M F
Age _____ Grade (just completed) _____

Child's Name _____
(Last, First)

Date of Birth _____ Sex M F
Age _____ Grade (just completed) _____

Address _____

Home phone _____ Cell phone(s) _____

Email _____

Mother/Guardian _____, _____
Last First

Father/Guardian _____, _____
Last First

The following persons are authorized to pick up my child (must show identification): _____

Emergency Contacts Information

Name _____ Relationship to child _____ Contact # _____

Name _____ Relationship to child _____ Contact # _____

Health Information (Allergies/Medical Condition for each child):



Authorizations (initial all that apply):

_____ I live 5 miles from PVBC and authorize my child transportation by church van to and from VBS each night.

_____ I give authorization for my child to have his/her picture taken by camera, cell phone, or video.

_____ I authorize PVBC to use any pictures of my child for flyers, newspaper, Facebook, or any other form of advertising events.



The information provided on this form is accurate to the best of my knowledge.

Signature _____

Date _____

How did you hear about our Vacation Bible School? _____